

# IMPACT STORY

## PAVING THE WAY TO HEPATITIS C ELIMINATION



Photo: © Alexey Furman/Medicines Patent Pool

## CONTEXT

Hepatitis C is a blood-borne disease that affects twice as many people as HIV, yet it goes widely under-diagnosed and untreated, especially in low-and middle-income countries. According to the World Health Organization (WHO), 58 million people suffer from chronic hepatitis C virus (HCV) infection, which led to an estimated 290,000 HCV-related deaths in 2019<sup>1</sup>. Rural, displaced, marginalised and poor populations remain disproportionately affected by viral hepatitis and people who inject drugs (PWID) are at a particularly high risk of infection. As noted by WHO, “Access to prevention, harm reduction and health-care services for these populations is largely insufficient, and persistent stigma, inequalities, criminalization and other sociostructural barriers are preventing response efforts from reaching the people who need them most<sup>1</sup>.”

Rates of HIV/HCV co-infection are also high, because some routes of transmission are shared. As a result, people living with HIV are 6 times more likely to be HCV-positive than the general population. People co-infected with HIV/HCV are more vulnerable because they progress faster to life-threatening disease.

New medicines called direct-acting antivirals (DAAs) have revolutionized HCV treatment. Up until 2015, treatment of HCV was complex, with limited efficacy and severe side effects. Combinations of these new medicines, which are generally well-tolerated and effective, can cure over 95% of HCV infections in 12 weeks. In 2016, the World Health Assembly adopted an ambitious but achievable goal to eliminate viral hepatitis, including HCV, as a public health problem by 2030<sup>2</sup>. Recent WHO data shows that significant progress has been made, with a nine-fold increase in the number of people treated since 2015.

## THE CHALLENGES

Though the new medicines have enabled HCV to be cured, many challenges remain. In many low- and middle-income countries, diagnosis of HCV is limited by a lack of awareness, few if any testing facilities, and inadequate resources for HCV testing services. Another challenge is that HCV diagnosis requires a two-step process, first to detect the presence of HCV antibodies, and a second test to distinguish people who have cleared the virus from those who have a chronic infection. The cost of HCV testing remains relatively high and many countries have not succeeded in making testing widely available. Moreover, testing is often only available in central laboratories in major cities, far from where many patients live. Consequently, although mortality from hepatitis C is declining for the first time (from 400,000 in 2015 to 290,000 in 2019), only 21% of people with chronic hepatitis C infection are diagnosed. Similarly, in regard to treatment, while progress has been made in making DAAs more affordable, lack of awareness and resources are among the reasons why HCV treatments are not widely available.

<sup>1,2</sup> WHO Global progress report on HIV, viral hepatitis and sexually transmitted infections, 2021

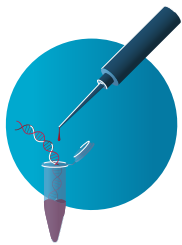
<sup>3</sup> HCV Elimination target: 90% reduction in incidence and 65% in mortality from the baseline in 2015.

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### WHAT HAS UNITAID DONE?

Unitaid has demonstrated that simplified and decentralized diagnosis and treatment for HCV is not only feasible but highly effective. With more than US\$ 45 million<sup>4</sup> invested, Unitaid has expanded access to life-saving innovations and helped strengthen global, national, and community-led efforts to eliminate HCV. Since Unitaid made its first investment into this area in 2015, HCV-related deaths have decreased by more than 25 percent and the total number of people infected has decreased from 71 million to 58 million today. Despite this progress, the large majority of people infected with HCV continue to go undiagnosed. Through wide-scale implementation of the simplified tools and approaches piloted by Unitaid and its partners, equitable access to HCV treatment can be achieved, and the global 2030 HCV elimination goals can be reached.



#### DIAGNOSIS

##### **BETTER DIAGNOSTIC TOOLS AND MORE EFFECTIVE WAYS TO DELIVER TESTING SERVICES**

Unitaid has driven efforts to develop simpler rapid tests and demonstrated how to use them at local healthcare settings and by non-specialist staff in low- and middle-income countries, in collaboration with FIND.



#### TREATMENT

##### **BETTER AND MORE AFFORDABLE QUALITY MEDICINES**

Through a variety of mechanisms, Unitaid has contributed to securing more affordable prices for revolutionary HCV medications that provided a cure for over 95% of those treated in just three months, together with the Medicines Patent Pool (MPP), Médecins Sans Frontières and Coalition PLUS.

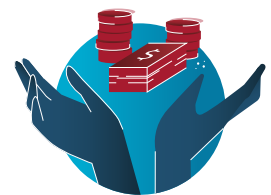
Looking to the future, Unitaid is funding research into the development of a single-injection cure for HCV through the University of Liverpool.



#### DEMAND

##### **INCREASING AWARENESS AMONG PROVIDERS AND PATIENTS**

Our grantees – notably Coalition PLUS – conducted advocacy at the government level to encourage countries to make new drugs and tools available and implement new policies. They also raised awareness of HCV testing and treatment at the community level to increase diagnosis, combat stigma and generate demand for treatment.



#### SCALE-UP

##### **FACILITATING SCALE-UP BY IDENTIFYING THE MOST COST-EFFECTIVE WAYS TO DELIVER HCV DIAGNOSIS AND TREATMENT**

Together with MSF, Unitaid developed simpler and effective ways to integrate HCV care into existing HIV clinics in resource-limited settings and demonstrated that success rates are high.

With FIND, Unitaid showed that HCV diagnosis and cure is equally feasible in government clinics and programmes.

Unitaid has supported policy and guideline development to facilitate HCV testing, treatment and prevention in low- and middle-income countries through our work with WHO.

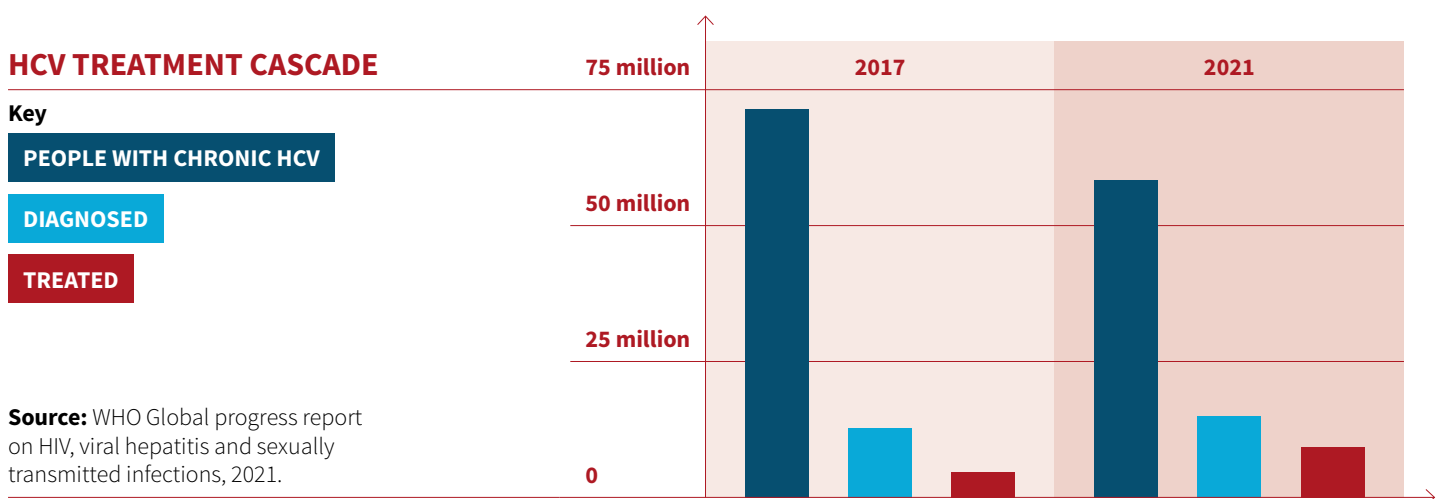
<sup>4</sup>In addition, part of our support to MPP, WHO and several other grantees also includes some amount for work related to HCV.

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### WORLDWIDE REDUCTION IN HCV ACHIEVED, YET GAPS REMAIN

SIGNIFICANT PROGRESS HAS BEEN MADE IN REDUCING THE GLOBAL BURDEN OF HCV AND INCREASING ACCESS TO TREATMENT, BUT THE LOW DIAGNOSIS RATE REMAINS A BARRIER TO CARE



### WHAT IS THE PROJECTED IMPACT?

Using less-expensive generic DAAs to treat HCV infection will generate long-term savings for health systems because fewer people would reach advanced stages of the disease and require expensive treatment. By some projected estimates, the scale-up of core antigen rapid diagnostic test globally, the scale-up of a near-point of care platform in India and simplifying HCV testing alone could lead to an additional 6,100 deaths averted by 2025 and additional 23,000 deaths averted between 2026 and 2030. These numbers are reflective of the pilot stage of the Unitaid-funded projects and relevant assumptions with regards to scale-up and the estimates are conservative in nature.

Furthermore, Unitaid's investment in HCV has already achieved significant economic impacts, in particular due to the substantial costs savings that the MPP grant has achieved through the lowering of daclatasvir prices (leading to ~US\$100 million saved by 2020)- a very worthwhile public health investment that could pay for itself over time.

### WAY FORWARD

Unitaid and its partners have helped to develop easier-to-use tools and to simplify the approaches to diagnose and treat HCV. This makes it possible to achieve the WHO target for elimination of viral hepatitis by 2030. These efforts now need to be scaled up. Making generic DAAs more widely available in low and middle-income countries, decentralizing and simplifying diagnosis and treatment of HCV, and simplifying HCV testing, could allow countries to prioritize HCV treatment. Today, most countries can access generic DAAs at an affordable price, making it possible to initiate and scale up treatment programmes.

Although significant progress has been made, financing for HCV remains a critical issue given both the absence of key global donors as well as the limited domestic budgets being allocated to HCV. Treatment needs to increase nearly six-fold in the next decade to reach the 2030 targets for elimination; political will is crucial to increase coverage.

Several 'pioneer' middle-income countries have started to finance and scale up HCV care and develop plans in line with the WHO elimination goals, demonstrating that these targets can be reached.